

**OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS**



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Sen. Jason Priest, Chairman
Children, Families, Health and Human Services Interim Committee
State Capitol
Helena, Montana

Dear Senator Priest and Members of the Committee:

Thank you for the opportunity to share information about the Mental Disabilities Board of Visitors, and the role of the Board. This letter will provide an update about the status of the Board's 2010 review of the services provided at Montana Developmental Center (MDC) and the report provided to the Department of Public Health and Human Services (DPHHS) and the Developmental Disabilities Program (DDP).

The Mental Disabilities Board of Visitors was created in 1975 by the Montana Legislature to provide independent oversight of publicly funded mental health facilities and residential facilities for individuals with developmental disabilities. The Board consists of 6 members with qualifications necessary to carry out responsibilities defined in statute. Those qualifications include, experience as a professional working with individuals with mental illness or developmental disabilities, or a consumer of mental health and developmental disability services, or the family member of someone who receives those services. The Board is responsible for:

- Independent oversight and critique of treatment provided by the Montana Developmental Center, the Montana State Hospital, and publicly funded mental health programs in the state; and,
- Ensuring that any person with a mental illness or developmental disability receiving services at the Montana Developmental Center and through Montana's publicly funded mental health facilities has access to effective, evidence-based treatment and supports that are essential for living working, learning and participating fully in the community.

Members are appointed by the Governor and serve two year terms; the terms are staggered and expire June 30 of each year.

The Board of Visitors and Board staff is responsible for specific activities at MDC. Those activities are defined in statute (53-20-104, MCA) and include:

- Investigation of all cases of alleged mistreatment of a resident;
- Annual inspection of the facility; including all wards, treatment or habilitation areas; and a review of all habilitation programs being implemented by the facility;
- An inspection of the file of each person committed to the facility to ensure that a habilitation plan exists and is being implemented;

- Inquiring about reports of the use of restraints, isolation or other extraordinary measures;
- Assisting a resident to resolve a grievance concerning the resident's commitment or course of treatment and habilitation; and
- Reporting findings to the Superintendent of the facility and the Director of the Department of Public Health and Human Services if the Board believes the facility is failing to comply with the provisions under statute.

The objectives for the Board of Visitors' review of the Montana Developmental Center in 2010 were to:

- Determine whether policies and procedures as defined in the MDC policy and procedure manual were followed in the investigation;
- Determine whether relevant MDC policies/procedures/protocols for investigating critical incidents are adequate;
- Determine whether there is adequate clinical oversight built into the process of investigating critical incidents;
- Determine whether there is an atmosphere/culture within MDC in which potentially problematic staff activities, judgments, and/or non-adherence to policies and procedures are accepted/unaddressed;
- Determine whether MDC adequately addresses client history and clinical/behavioral presentation with regard to sexual abuse/assault, and sexual reactivity during staff training and supervision;
- Determine whether MDC leadership and/or leadership at the DDP level clearly articulates expectations for client treatment, exercises confident decision-making, and ensures consistent accountability;
- Determine whether relevant organizational factors within MDC prior to the May 24 incident were managed for optimal client safety and services, and for optimal staff safety and effectiveness.

If inadequacies were identified, the Board would offer recommendations for improvement.

The site review team for the review included:

- Two members of the Board of Visitors, both of whom have extensive experience in evaluating treatment, habilitation, and services provided to individuals who have developmental disabilities and/or mental illness;
- A Registered Nurse as a consultant; and
- The Attorney, Advocacy Specialist and Executive Director for the Board.

The inspection focused on organizational structure, training, incident management and leadership at MDC. The team began with an in depth review of spheres of authority, responsibility and accountability for each level of staffing with particular emphasis on chain-of-command from Shift Supervisors through Superintendent. Staff training was reviewed, including changes to training made after the May 2010 incident. The team looked at copies of training schedules and training provided specifically related to preventing and reporting incidents of possible abuse, neglect and exploitation. A thorough examination of the MDC Policy and Procedure Manual was completed to review policy changes made after May 2010 with emphasis on policies related to client protection, incident investigation and response to allegations of abuse/neglect/mistreatment including but not limited to allegations of sexual assault of clients. Finally, the team interviewed DDP staff and the professional, clinical, staff development and support services staff at MDC to inquire about the organizational structure and leadership at the facility.

The report from that review is comprehensive and includes thirty-one recommendations for improvement. The Developmental Disabilities Program and Superintendent at MDC reviewed the report and provided a detailed response to the recommendations offered. The newly appointed Superintendent at MDC responded to the recommendations in mid-2011. That response included target dates for completion for each recommendation, and identified MDC staff responsible for completing the tasks for each recommendation.

The Board continues to monitor the implementation of the recommendations. Board staff is on site at the facility each week attending treatment planning and plan review meetings; advocating on behalf of individuals during those meetings; reviewing and responding to requests for assistance from individuals/family members to resolve complaints about services; advising and assisting individuals and/or family members regarding the grievance process at MDC; monitoring facility responses to abuse and neglect allegations should they occur; and, reviewing MDC policies as they are revised to ensure continued legal, human and civil rights of individuals served are protected.

Under state statute, the Board of Visitors has a responsibility and an obligation to the individuals served at MDC to assure that the services they receive are humane and decent. The Department has addressed each of the thirty-one recommendations in the report, the response it provided included specific steps that will be taken to implement changes identified in the recommendations. A new leadership team has been established and resources have been allocated to support sustainable changes in the management and operational structure at the facility.

The Board believes that the Department took seriously the recommendations offered to improve clinical services and investigative processes, and that it continues to remain open to an ongoing dialogue as changes are being made.

Thank you for the opportunity to comment. Please don't hesitate to contact me if you have other questions.

Sincerely,

Alicia Pichette
Executive Director